

ASSESSMENT/ADMISSION RECORD

(See Instructions)

A. GENERAL INFORMATION

Participant/I.D. No.		SS# (last 4 digits)		Referral Source		PRU No. and/or Site Name	
Age	Date of Birth	Race*	Hispanic Origin*	Sex at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		Last Grade Completed	

* Use Code Only. See Instructions.

B. ASSESSMENT

1. Date(s) of Assessment: _____		Total Number of Assessment Visits _____	
a. Is this assessment the result of a crisis situation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe current crisis:			
b. Have there been previous crisis contacts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate previous dates and attach documentation.			
c. Participant's Presenting Problems (Select one or more): <input type="checkbox"/> Alcohol Use/Abuse <input type="checkbox"/> Other Substance Abuse/Use <input type="checkbox"/> Problem Gambling <input type="checkbox"/> Behavior Problem <input type="checkbox"/> Academic/Work Problem <input type="checkbox"/> Truancy/Attendance Problem <input type="checkbox"/> Interpersonal Relations <input type="checkbox"/> Family Problem <input type="checkbox"/> COA/COSA (child of alcohol/substance abuser) <input type="checkbox"/> Mental Health Problem <input type="checkbox"/> Crisis <input type="checkbox"/> Other (specify)			
d. Was a Screening Tool Administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which tool and what were results?			
2. Need for Services a. Does the individual need counseling services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In program, specify: <input type="checkbox"/> Outside of program (complete a Referral Record, if applicable) b. Does the individual need other services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how will other services be provided? <input type="checkbox"/> In program, specify: <input type="checkbox"/> Outside of program (complete a Referral Record, if applicable)			
3. Disposition (Check all that apply) <input type="checkbox"/> No Further Action (Complete summary below) <input type="checkbox"/> Admission to Prevention Counseling <input type="checkbox"/> Referral (either within or outside of the program) to Other Service Only <input type="checkbox"/> Admission to Prevention Counseling and Referral (either within or outside of program)			
Disposition Summary (Include dates of contact)			

Signature of Prevention Specialist _____ Date _____

ASSESSMENT/ADMISSION RECORD

C. ADMISSION

*Prevention Counseling Admission Criteria: 4 Risk Factors are required for admission, 2 of which must be **Individual** or **Family** Risk Factor Domains

1. Admission Status	<input type="checkbox"/> First Admission <input type="checkbox"/> Readmission	Date of Current Admission
2a. Reasons for Admission: Individual Domain Early Initiation of Alcohol, Substance, and/or Problem Gambling Activity [within the past 30 days]		
<input type="checkbox"/> Alcohol Use/Abuse <input type="checkbox"/> Other Substance Use/Abuse <input type="checkbox"/> Gambling/Problem Gambling		
(Select all that apply)		
<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana/Hashish (vaped, smoked, edibles) <input type="checkbox"/> Heroin or Other Opiate <input type="checkbox"/> Cocaine/Crack		
<input type="checkbox"/> Ecstasy (MDMA) <input type="checkbox"/> LSD or Other Hallucinogen <input type="checkbox"/> Inhalants (glue, paint, gasoline, aerosols, etc.)		
<input type="checkbox"/> OTC Stimulants (caffeine, no-doze, dexatrim, vivarin, diet pills, energy drinks, etc.)		
<input type="checkbox"/> Prescription Pain Medications (not taken as prescribed) (Tranquilizers; valium, Xanax, Librium; Sedatives: phenobarbital, tuinal, nebutal, Seconal; Stimulants: amphetamine, Ritalin, Adderall, Dexadrine)		
<input type="checkbox"/> Tobacco/Nicotine (smoked, chewed, e-cigarette) <input type="checkbox"/> Other (specify)		
2b. Individual Domain (Cont'd)		
<input type="checkbox"/> Genetic Pre-disposition to Addiction (biological parents(s) with substance addiction) <input type="checkbox"/> Low Self-Regulation/Impulsivity		
<input type="checkbox"/> Anxiety Disorder Diagnosis <input type="checkbox"/> Depressive Disorder Diagnosis <input type="checkbox"/> Anti-social/Aggressive Behavior Problems		
<input type="checkbox"/> Favorable Attitudes towards Substance Use and/or Problem Gambling <input type="checkbox"/> Low Perceived Risk of Harm of Substance Use		
<input type="checkbox"/> Favorable Attitudes towards Anti-social Behavior (fighting, stealing, other delinquency)		
2c. Family Domain		
<input type="checkbox"/> Family History of Alcohol/Substance Abuse and/or Problem Gambling (abuse among parents, caregivers, siblings)		
<input type="checkbox"/> Persistent Family Conflict <input type="checkbox"/> Family Management Problems (inadequate supervision, lack of or inconsistent discipline)		
<input type="checkbox"/> Parental Attitudes Favorable towards alcohol and/or substance use		
2d. Peer Domain		
<input type="checkbox"/> Social Isolation/Poor Social Skills <input type="checkbox"/> Friends Engaged in Substance Use		
<input type="checkbox"/> Friends Engaged in Other Problem Behaviors (gambling, fighting, stealing, other delinquency)		
2e. School Domain		
<input type="checkbox"/> Academic Failure (declining grades and performance) <input type="checkbox"/> Low Commitment to School		
2f. Community Domain		
<input type="checkbox"/> Poverty <input type="checkbox"/> Availability/Access to Alcohol & Drugs <input type="checkbox"/> Laws and Norms Favorable towards Substance Use		
3. Observed Health Status: (Describe health concerns reported by the participant, or observed by the Counselor)		
4. Services Currently Received from Another Agency:		
Is participant/family currently receiving services from another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate type of service:		
Agency/Contact Name: _____		
Address: _____		
Telephone: _____		
5. Standards for Admission, Participation, and Discharge		
Participant was informed of and signed the following corresponding documents:		
<input type="checkbox"/> Standards for Admission, Participation, and Discharge		
<input type="checkbox"/> Confidentiality Rights Summary		

Signature of Prevention Specialist _____ Date _____

Instructions
Assessment/Admission Record

PAGE 1

Page 1 of this form is used to assess an individual's need for counseling services and/or crisis services. An assessment is conducted by completing Parts A and B as indicated. In accordance with the Prevention Services Guidelines, an individual can have a maximum of three (3) face-to-face contacts before a determination regarding admission or other service is made. On or before the third assessment contact, a disposition must be made.

A. GENERAL INFORMATION

Complete all information requested in the boxes. Where appropriate, please use the categories and respective code numbers in completing the form.

RACE

Based on staff observation and/or participant self-identification, enter the appropriate race. If the participant is racially mixed, enter the race with which he/she identifies.

- 1 - Alaskan Native (Aleut, Eskimo, Indian)
A person having origins in any of the native people of Alaska.
- 2 - Native American (Other than Alaska Native)
A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains cultural identification through tribal affiliation or community attachment.
- 3 - Asian or Asian American
A person having origins in any of the original people of the Far East, Indian Subcontinent, Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Islands, Thailand and Vietnam.
- 4 - Black/African American
A person having origins in any of the black racial groups of Africa.
- 5 - Native Hawaiian or Pacific Islander
A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 6 - White
A Caucasian person having origins in any of the people of Europe (including Portugal), North Africa, or the Middle East
- 7 - Other or Unknown
A category for use when the person is not classified above, when the person does not identify with any one single particular racial group, when the original group because of local custom, is regarded as a racial class distinct from the above categories or when the race is unknown.
- 8 - Multiracial/More than one race
A category for use when the person identifies with more than one racial group.

HISPANIC ORIGIN - Indicate the most appropriate origin

- 1 - Hispanic or Latino Origin
A person of Hispanic or Latino origin, or a person who identifies with an Hispanic or Latino origin.
- 2 - Not of Hispanic or Latino Origin
A person whose origin is not Hispanic or Latino, or a person who does not identify with a Hispanic or Latino origin

SOCIAL SECURITY# (LAST 4 DIGITS; 0000 IF UNKNOWN/UNAVAILABLE)

SEX AT BIRTH

If participant does not choose to provide this information, WITNYS allows for "Not Collected" as a response.

LAST GRADE COMPLETED:

List the last grade for which the participant received credit. For those that have dropped out or attained a GED, list the last grade completed and indicate "GED" or Drop-out".

B. ASSESSMENT

1. Complete this part as indicated. Attach other completed Assessment/Admission Records for any previous crisis contacts occurring within the past twelve (12) months. Enter the participant's presenting problem as reported by the participant.
2. Self-explanatory
3. Disposition. This is the decision whether the participant will be admitted to prevention counseling and/or whether a referral for additional services is made. A referral for services covers either services within or outside of the program.
4. Under "Disposition Summary", summarize assessment findings and rationale for the disposition; if admitted for counseling services, include admission summary here.

C. ADMISSION

This part of the Assessment/Admission Record must be completed for all individuals admitted to counseling services (individual, group and/or family counseling).

ADMISSION STATUS

An individual is considered a “first admission”, if this is his/her initial admission to this particular prevention program for any type of counseling services. An individual is considered a “readmission” if he/she has ever been admitted previously to prevention counseling services offered by this service provider.

REASONS FOR ADMISSION

Participants can be admitted to Prevention Counseling by meeting 4 Risk Factors, at least 2 must be from Individual and/or Family Risk Factor Domains

* See Appendix L below for Admission Criteria and Risk Factor Domain details

*If Early Initiation of Alcohol/Substance Use is indicated, please identify the substances the participant reports using within the last 30 days from the time of the admission interview(s).

*Select all applicable risk factors: Individual, Family, Peer, School, Community

OBSERVED HEALTH STATUS

Describe health concerns as reported by the participant and/or observed by the counselor.

SERVICES CURRENTLY RECEIVED FROM ANOTHER AGENCY

Identify other Agency participant is receiving services, if applicable.

STANDARDS FOR ADMISSION, PARTICIPATION AND DISCHARGE

Standards for admission must include acknowledgement of voluntary participation.



APPENDIX H: Prevention Counseling Risk Factors for Assessment

Individual	Family	Peer	School	Community
<ul style="list-style-type: none"> 1. Genetic pre-disposition to substance addiction due to biological parent(s) with a substance addiction 2. Low self-regulation, sensation seeking, impulsivity, attention deficit and hyperactivity 3. Anxiety Disorder Diagnosis and/or its Related Symptoms 4. Depressive Disorder Diagnosis and/or its Related Symptoms 5. Early Initiation of alcohol/substance use, and/or gambling activity 6. Early and persistent anti-social and aggressive behavior problems 7. Low perceived risk and harms due to substance use 8. Favorable attitudes towards substance use and/or problem gambling 9. Favorable attitudes towards anti-social behavior (i.e. fighting, stealing, other delinquency) 	<ul style="list-style-type: none"> 10. Family substance abuse among parents, caregivers, siblings 11. Persistent family conflict 12. Family management problems (i.e. inadequate supervision, lack of or inconsistent discipline) 13. Parental attitudes favorable towards alcohol and/or drug use 	<ul style="list-style-type: none"> 14. Social isolation and dis-connectedness due to peer rejection and/or poor social skills 15. Friends engaged in substance Use 16. Friends engaged in other problem behaviors (i.e. fighting, stealing, other delinquency) 	<ul style="list-style-type: none"> 17. Academic failure (i.e. decline in grades, sudden poor performance) 18. Low commitment to school (i.e. frequent absenteeism, drop out, disinterest in clubs) 	<ul style="list-style-type: none"> 19. Poverty 20. Availability of and access to alcohol and other drugs 21. Laws and norms favorable towards alcohol and substance use
<p style="text-align: center;"><u>Prevention Counseling Admission Criteria</u></p> <p style="text-align: center;"><u>4</u> Risk Factors are required for admission to Prevention Counseling, <u>2</u> of which must be <u>Individual</u> or <u>Family</u> Risk Factors</p>				